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TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

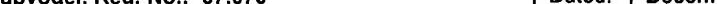
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/629,052	
	Filing Date	July 28, 2003	
	First Named Inventor	Sig G. Kupka	
	Group Art Unit Number	2174	
	Examiner Name	Sy D. Luu	
Total Number of Pages in This Submission	23	Attorney Docket Number	23412-08081

ENCLOSURES (*check all that apply*)

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|---|--|
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[] Sheet(s) of Figure(s) [] |
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| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
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<input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/>
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| <input checked="" type="checkbox"/> Amendment/Response A: 20 Pages
<input type="checkbox"/> After Final | |
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| <input type="checkbox"/> Revocation and Substitute Power of Attorney | |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070	Dated:	December 5, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

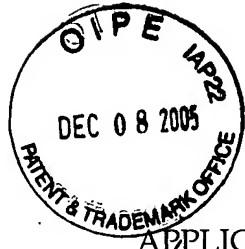
Signature:			
Typed or Printed Name:	Amir H. Raubvogel	Dated:	December 5, 2005
Express Mail Mailing Number (optional):			



FEET TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
Patent fees are subject to annual revision.		Application Number	10/629,052
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 28, 2003
TOTAL AMOUNT OF PAYMENT (\$) 0.00		First Named Inventor	Sig G. Kupka
		Examiner Name	Sy D. Luu
		Art Unit	2174
		Attorney/Docket No.	23412-08081

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES																																																																																																																																									
Deposit Account Number 19-2555 Deposit Account Name Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td></tr> <tr><td>1460</td><td>—</td><td>1460</td><td>—</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td colspan="2">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4"> Total Claims 51 -51**= 0 x 25 = 0 Independent Claims 3 -3**= 0 x 100 = 0 Multiple Dependent _____ Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$) Fee (\$) </td> </tr> <tr> <td colspan="4"> Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 100 **Reissue independent claims over original patent 1205 50 2205 25 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) </td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	120	2251	60	1252	450	2252	225	1253	1020	2253	510	1254	1,590	2254	795	1255	2,160	2255	1,080	1401	500	2401	250	1402	500	2402	250	1403	1000	2403	500	1451	1,510	1451	1,510	1452	500	2452	250	1453	1,500	2453	750	1501	1,400	2501	700	1502	800	2502	400	1503	1100	2503	550	1460	—	1460	—	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	790	2809	395	1810	790	2810	395	1801	790	2801	395	1802	900	1802	900	Other fee (specify) _____				SUBTOTAL (1) (\$)		SUBTOTAL (3) (\$)		Total Claims 51 -51**= 0 x 25 = 0 Independent Claims 3 -3**= 0 x 100 = 0 Multiple Dependent _____ Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$) Fee (\$)				Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 100 **Reissue independent claims over original patent 1205 50 2205 25 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)			
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Amir H. Raubvogel	Registration No. (Attorney/Agent)	37,070	Telephone (650) 335-7276
Signature			Date	December 5, 2005



IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANT: Sig G. Kupka
APPLICATION NO.: 10/629,052
FILING DATE: July 28, 2003
TITLE: Common On-Screen Zone for Menu Activation and Stroke Input
EXAMINER: Sy D. Luu
GROUP ART UNIT: 2174
ATTY. DKT. NO.: 23412-08081

CERTIFICATE OF MAILING

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Dated: December 5, 2005

By: 

Amir H. Raubvogel, Reg. No.: 37,070

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AMENDMENT A

SIR:

In response to the Office Action mailed November 2, 2005, Applicant herewith submits the following amendments and respectfully request that the Examiner reconsider the rejection and allow all pending claims.